

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214505630				
1.) CORPORATION NAME: DUE DATE: 3/31/2014 SalonCentric Inc.						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SCC ID NO: F1740267 CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY						
4.) STATE OR COUNTRY OF INCORPORATION: NV						
5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,500</td> </tr> </table>			CLASS	AUTHORIZED	COMMON	1,500
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COMMON	1,500					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 50 CONNELL DRIVE CITY/ST/ZIP: BERKELEY HEIGHTS, NJ 07922 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL SHARNSKY TITLE: PRESIDENT ADDRESS: 565 FIFTH AVE. CITY/ST/ZIP/CO: NEW YORK, NY 10017 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL SHARNSKY TITLE: PRESIDENT ADDRESS: 565 FIFTH AVE. CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alexandre Pagliano SVP & CFO 575 Fifth Ave. New York, NY 10017	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gregory Wilkinson EXVP Operations 8031 114th Ave N largo, FL 33773	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Nunziato SVP Finance 50 Connell Drive Berkeley Heights, NJ 07922	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Anthony Elvedt TREASURER 50 Connell Drive Berkeley Heights, NJ 07922	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher J Corbett VP & Assist Sec 111 Terminal Ave Clark, NJ 07066	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lisa Gigliotti VP & Asst Secr 575 Fifth Ave. New York, NY 10017	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert G Kinnally Ast VP Ast Sec 575 Fifth Avenue New York, NY 10017	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROY RABINOWITZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROY RABINOWITZ, SVP FIN/ASST S PRINTED NAME AND CORPORATE TITLE	1/27/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		